

# Division of Substance Abuse and Mental Health

2004 Report to the Joint Health and Human Services  
Appropriations Subcommittee on  
Public Substance Abuse and  
Mental Health in Utah

January 24, 2005

**“Substance Abuse is a Preventable Behavior;  
Addiction is a Treatable Disease.”**



**“... Americans must understand and send this message: mental disability is not a scandal—it is an illness. And like physical illness, it is treatable, especially when the treatment comes early.”**

**– President George W. Bush**

State of Utah  
Department of Human Services

# **DSAMH at a Glance**

## **About DSAMH**

The Division of Substance Abuse and Mental Health (DSAMH) is the single state authority for public substance abuse and mental health in Utah, and is charged with ensuring that prevention and treatment services are available throughout the state. As part of the Utah Department of Human Services (DHS), DSAMH receives policy direction from the State Board of Substance Abuse and Mental Health, which is appointed by the governor and approved by the Utah State Senate. DSAMH contracts with the local county governments statutorily designated as Local Substance Abuse Authorities (LSAAs) and Local Mental Health Authorities (LMHAs) to provide prevention and treatment services. The Board and Division of Substance Abuse and Mental Health provide oversight and policy direction to these local authorities.

DSAMH monitors and evaluates mental health services and substance abuse services through an annual site review process, the review of local area plans, and the review of program outcome data. DSAMH also provides technical assistance and training to the local authorities, evaluates the effectiveness of prevention and treatment programs, and disseminates information to stakeholders.

The Division of Substance Abuse and Mental Health supervises administration of the Utah State Hospital.

## **Local Authorities**

Under Utah law, local substance abuse and mental health authorities are responsible for providing services to their residents. A local authority is generally the governing body of a county. There are 29 counties in Utah, and 13 local authorities. Some counties have joined together to provide services for their residents. By legislative intent, no substance abuse or community mental health center is operated by the State. Some local authorities contract with community mental health centers and substance abuse centers, which provide comprehensive substance abuse and mental health services. Local authorities not only receive state and federal funds to provide comprehensive services, they are also required by law to provide a 20 percent match of state funds received.

## **Contact Information**

For further information, please contact the division at 801-538-3939, or visit our website at [www.dsamh.utah.gov](http://www.dsamh.utah.gov).

--Randall W. Bachman, M.Ed., Director

## OVERVIEW

DSAMH shares the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) vision as its vision for Utah's citizens afflicted with substance abuse or mental health issues as well:

***“A Life in the Community for Everyone: Building Resilience and Facilitating Recovery.”***

Working with other state agencies, the Division continued to improve its programs for individuals involved in the criminal justice system. Drug courts, drug boards, Collaborative Interventions for Addicted offenders (CIAO), and the reforms proposed by the Drug Offenders Reform Act (DORA) have all received emphasis as more data becomes available that supports the success of providing opportunities for substance abuse treatment for offenders.

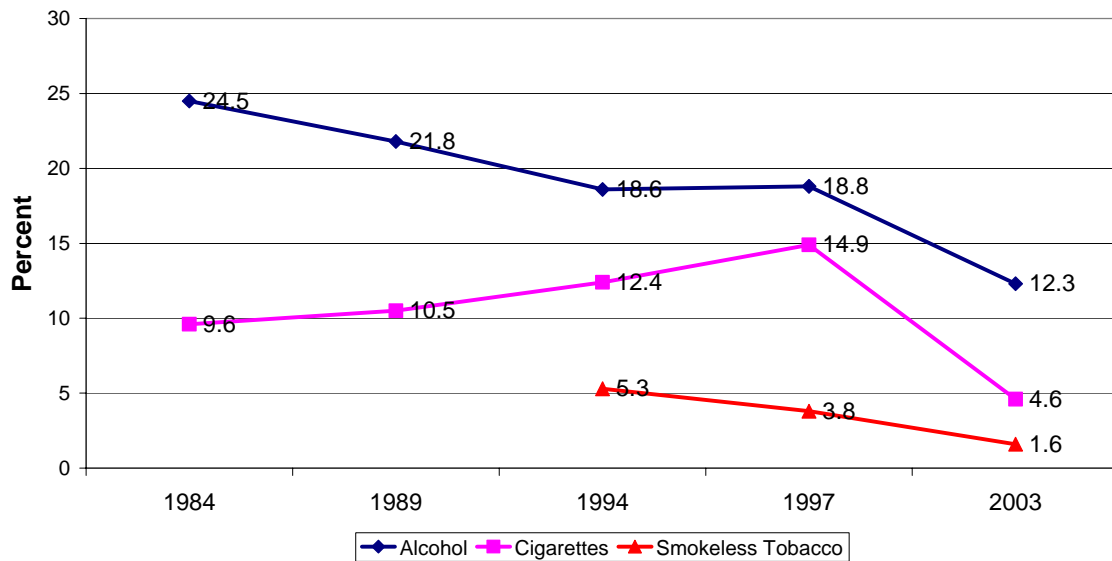
### Positive Developments

#### ***Student Drug Use Has Declined***

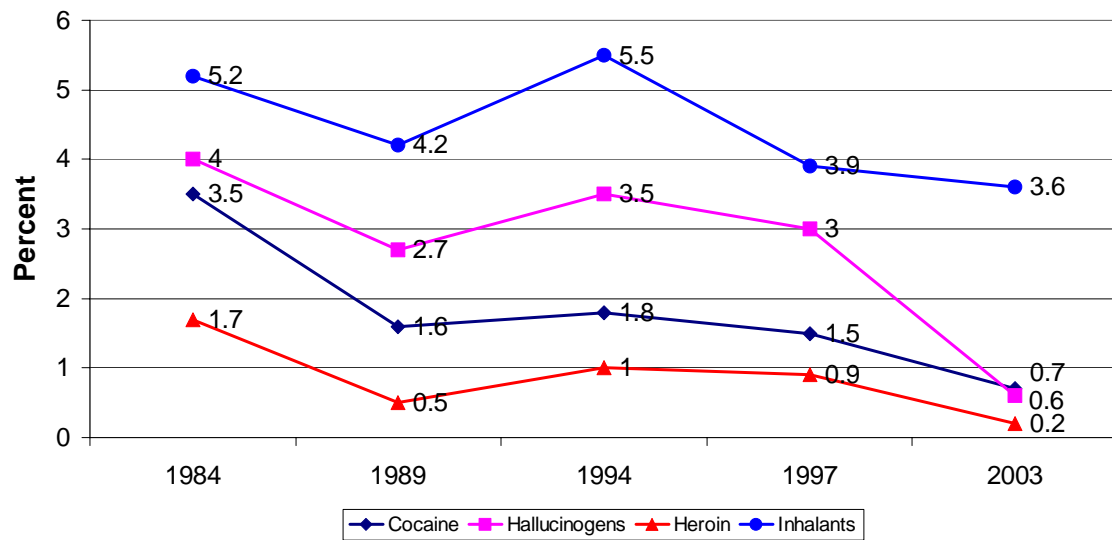
Substance abuse prevention continues to generate significant positive outcomes in Utah. The rate of alcohol, tobacco and other drug use for junior high and high school age students today in Utah is half what it was in 1984.

The three charts that identify Percentages of Utah Students Grades 7 - 12 Who Used Various Substances During Past 30 Days show a steady decline in drug use for all categories. The chart for Average Percentage of Utah Students Grades 7-12 Who Used Various Substances During Past 30 days indicates how dramatic that change is. The percentages for all Alcohol, Tobacco and Other Drugs (ATOD) for each year were averaged and the chart indicates that the average percentage of use dropped from 1984 to 2003 by 58%.

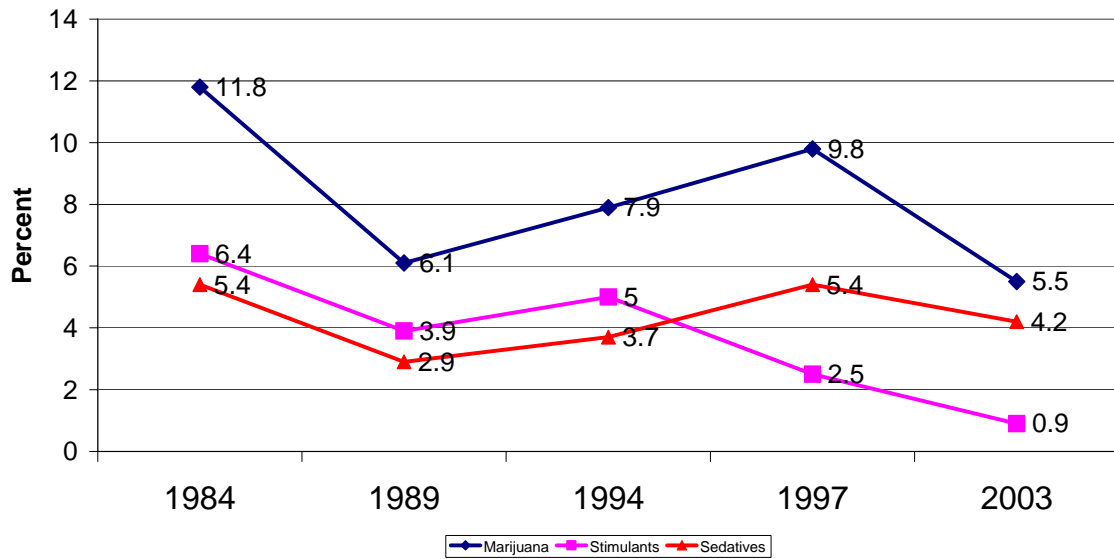
**Percent of Utah Students Grades 7-12 Who Used Various Substances During Past 30 Days: 1984-2003**



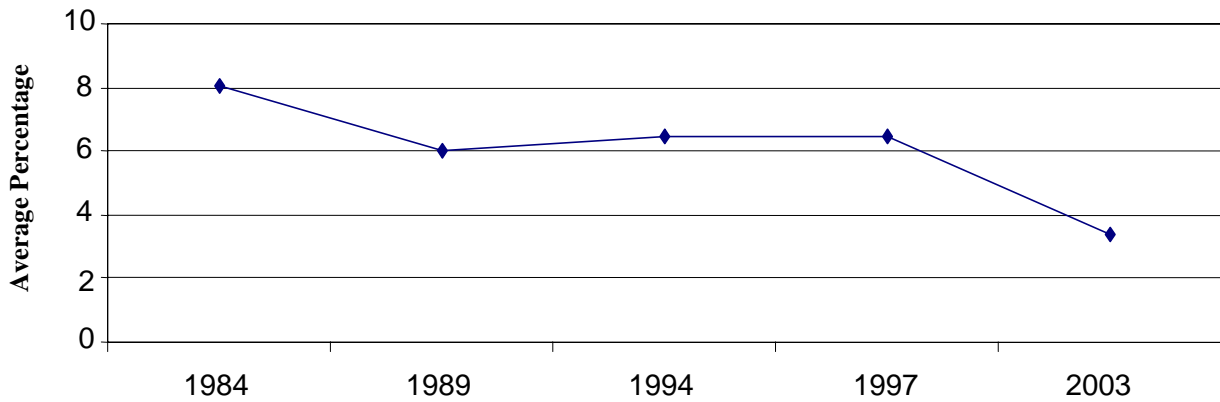
**Percent of Utah Students Grades 7-12 Who Used Various Substances During Past 30 Days: 1984-2003**



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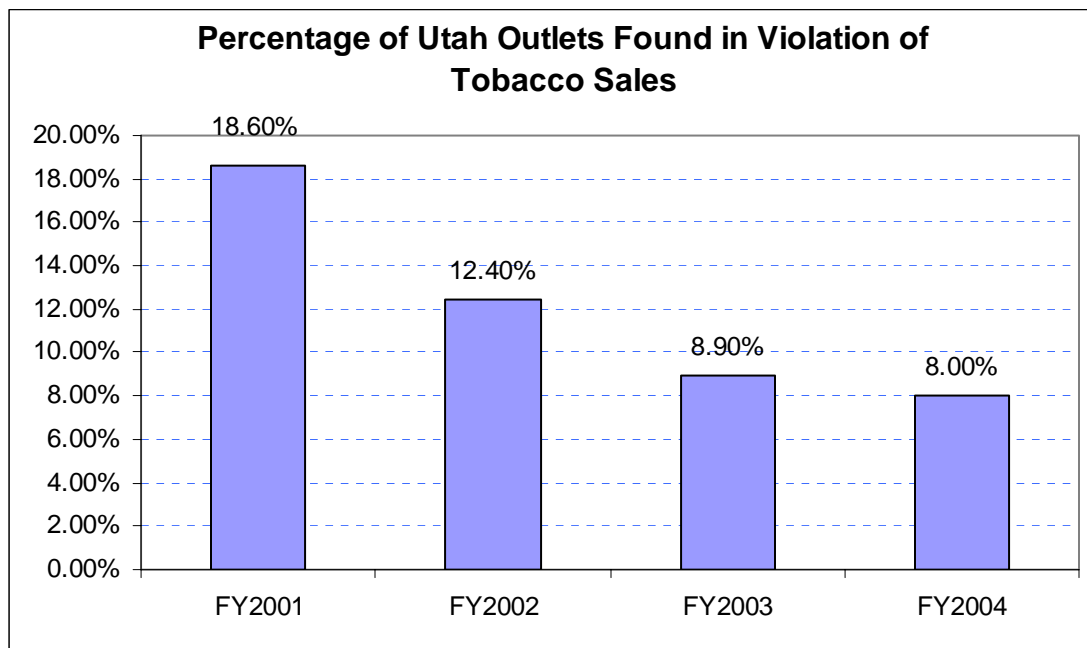
**Average Percentage of Utah Students Grades 7 - 12  
Who Used Various Substances  
1984-2003**



## ***Sales of Tobacco to Minors are Down***

### **Federal Synar Amendment: Protecting The Nation's Youth from Nicotine Addiction**

The Synar Amendment requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under the legal age (19 in Utah) and to enforce those laws effectively. States are to achieve a sales-to-minors rate of not greater than 20 percent. Across the nation, states have made great strides in reducing retailer violations of the law as required by the Synar Amendment. Utah has continued to decrease the number of tobacco sales to minors and has a violation rate of under 10%. This effort is collaboration between the Department of Health and DSAMH.



Over the last four years, tobacco retailers in Utah have decreased their sales to minors, with violation rates declining from 18.8% to 8.0%. Only nine states have a rate less than 10%.

## ***The Utah Frontiers Project is a Success***

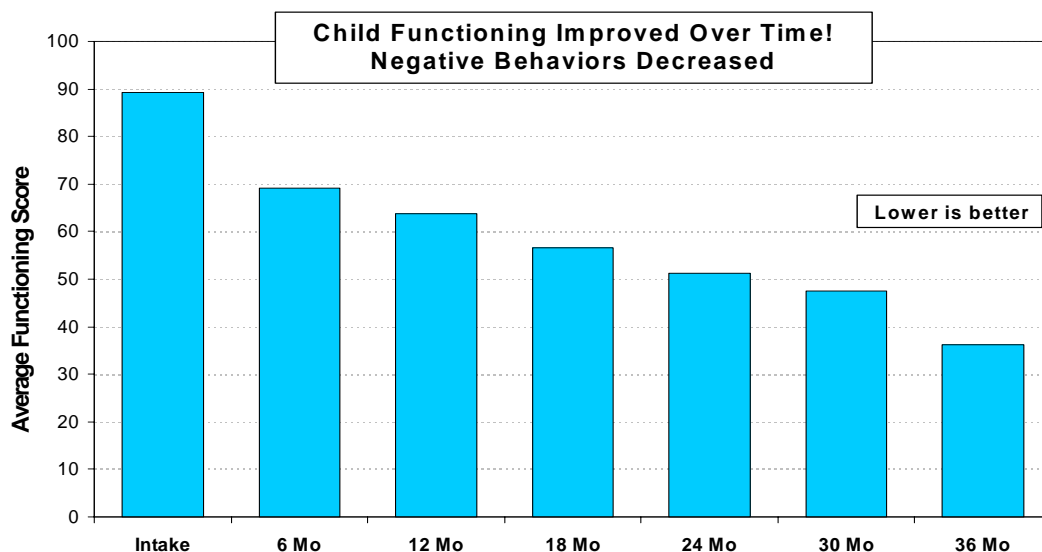
The Utah Frontiers project was funded through a six-year grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). The project focused on providing intensive “wraparound” services for children who were seriously emotionally disturbed (SED) and their families. The project was piloted in two areas of the state served by Southwest Behavioral Health and Four Corners Behavioral Health.

Interviews, assessments, and cost/services data from many sources all pointed to the same conclusion:

**There was great improvement in the social functioning and well-being of families and their youth with serious emotional disturbances who have been involved in the new system of care in six frontier Utah counties.**

### **Youth Function Better**

These results clearly demonstrated that youth negative behaviors, such as aggression, decreased. Positive behaviors, such as participating in family activities, increased. Emotional health problems, such as depression, were reduced. Youth behavioral, emotional, and social functioning in the homes, schools, and communities all improved. For example, expulsions, detentions and suspensions from school decreased.



## Caregiver and Home Situations Improve

Parents also reported improvements in their own emotional, social, and material resources. For example, caregivers felt that their stress was reduced, they had more time to spend with friends and family, and financial and household needs were more secure.

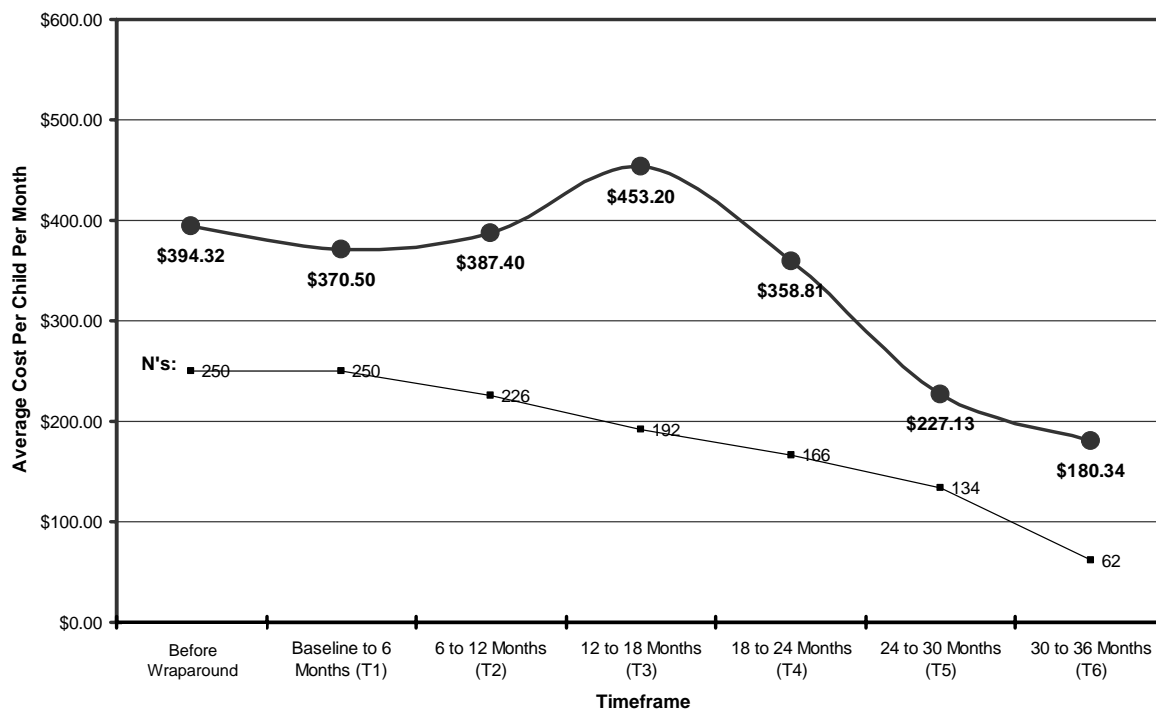
## Average Service Costs Drop Over Time

Average costs for services per child dropped significantly over time. This decrease was in spite of a tendency for costs to increase in the first 12 to 18 months that families were involved in the system of care. By the third year, costs per child decrease dramatically. This provides evidence that, while family facilitation/advocacy created additional costs, overall costs still declined substantially.

## Service Costs Decreased Over Time

### Average Cost per Child per Month by Timeframe

(Costs include all DCFS, MIS, Family Facilitator/Advocate, Team Meeting costs)



DCFS = State Division of Child & Family Services database; MIS = Southwest & Four Corners Behavioral Centers databases; Family Facilitator/Advocate time logs, Team Meeting rosters. N's = Number receiving services in each timeframe.

- Average cost per child dropped significantly.
- Although family facilitation/advocacy added an additional cost, overall costs declined.
- Given the nature of SED, some children need continued intervention. However, adequate investment provides long-term savings.

Notes below table present highlights of table, and /or associated information not shown in table.



## ***KEY CHALLENGES***

Cuts in state and federal funding have challenged our ability to continue to provide needed services. Our mental health system is faced with a serious funding crisis with recent federal changes in federal Medicaid policy. These changes, along with state budget cuts over the past three years mean cutbacks in programs and services for the indigent uninsured. Budget cuts also forced a closure of one wing of the forensic unit at the Utah State Hospital. Our supplemental and building block requests are an attempt to restore at least part of the infrastructure that has been eroded as a result of these cuts.

### ***FY 2005 Supplemental Funding Requests:***

### ***General Fund***

1. State Hospital: re-open 26 forensic beds .....	<b>\$1,252,400</b>
2. State Hospital: meet forensic clinical and OSHA standards.....	<b>76,300</b>
3. Mental Health: federal maintenance of effort violatio.....	<b>745,400</b>
4. Mental Health: impact of Medicaid policy changes .....	<b>815,000</b>
5. Substance Abuse: federal maintenance of effort violation .....	<b>365,700</b>

### ***FY 2006 Building Block Funding Requests:***

### ***General Fund***

1. State Hospital: re-open 26 forensic beds .....	<b>\$2,147,100</b>
2. State Hospital: meet forensic clinical and OSHA standards.....	<b>305,100</b>
3. State Hospital: increase in medication costs.....	<b>145,200</b>
4. State Hospital: nursing personnel .....	<b>34,000</b>
5. Mental Health: impact of Medicaid policy change.....	<b>3,260,000</b>
6. Mental Health: autism-convert one-time funding to ongoing.....	<b>50,000</b>
7. Mental Health: increase in required PASRR required evals.....	<b>87,500</b>
8. Mental Health: increase in required competency evals .....	<b>67,600</b>
9. Mental Health: autism-2% COLA .....	<b>25,800</b>
10. Mental Health: local mental health 2% COLA.....	<b>315,200</b>
11. Substance Abuse: funding for Drug Offender Reform Act .....	<b>4,297,500</b>
12. Substance Abuse: local substance abuse 2% COLA .....	<b>137,400</b>

### ***Comments:***

The mental health Supplemental and Building Block requests are an effort to address a partial restoration of the impact of state and federal funding cuts in recent years. The closing of the forensic beds at the Utah State Hospital has put legal pressure on the Division to accommodate those in the corrections system in need of restoration of competency. The impact of Medicaid policy changes has been a major development for the community mental health centers. The centers have projected a cut of over 4000 clients from service and a projected financial loss of 7 million dollars.

Unless a waiver is granted by SAMHSA, failure to restore funding for the federal maintenance of effort violation will mean a loss of over 1 million dollars in federal funding to both the mental health and substance abuse systems.

The Drug Offender Reform Act presents a unique opportunity to address substance abuse in the criminal justice system. With additional funding for assessment and treatment, significant reductions in the rate of growth of the prison population and recidivism are projected.

### ***DSAMH BOARD WHITE PAPER***

The Board of the Division of Substance Abuse and Mental Health, in collaboration with division staff and local providers, has issued a White Paper on Current and Emerging Issues in Public Substance Abuse and Mental Health. The paper, along with our Annual Report, is available on line at [www.dsamh.gov](http://www.dsamh.gov)

Following are recommendations of the Board from the White Paper Executive Summary:

1. Reaffirm Utah's commitment to effective substance abuse and mental health prevention and treatment.
2. Reaffirm that public expenditures for the delivery of effective substance abuse and mental health prevention and treatment services are a wise use of resources.
3. Reaffirm Utah's commitment to the seriously mentally ill and addicted who are indigent and most needy.
4. Support the coordination of funding and services.
5. Increase funding for critical services.
6. Support the goals of the President's New Freedom Commission on Mental Health; including the statement that services must be consumer and family- driven.
7. Engage the primary health care providers.
8. Develop and expand the use of appropriate technology.
9. Support the implementation of effective evidence-based practices based on the best available science.
10. Promote efforts to overcome the stigma of addictions and mental illness.
11. Promote parity in health care for substance abuse and mental health services.
12. Develop a comprehensive statewide plan for the delivery of public substance abuse and mental health services.

*Board White Paper Conclusions:*

“The recent crisis in substance abuse and mental health funding has presented significant challenges, not only to enhance and expand effective services to those who need them, but also to just maintain and build on what we have. Unfortunately, service cuts in some areas, particularly to those who are uninsured, present a significant risk to public safety and to the well being of our citizens, our communities and our families. New advances in effective prevention, early intervention, and treatment demonstrate that investing in programs that promote healthy lifestyles and provide science-based treatment really do pay dividends in the long run. Utah should use this crisis as an opportunity to not only transform the current system, but also promote and preserve what we have and what we know works.”

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